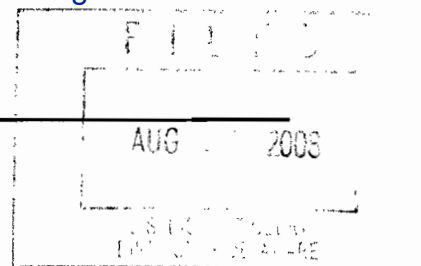


AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)

**UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**

Jeffrey M. Rainier SR  
Plaintiff

V.

Officer Benny Smith, Officer Townsend  
Defendant(s)  
LT. Joseph Wilson, Warden Phelps

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER: 4 8

I, Jeffrey M. Rainier SR declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant      ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes      ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration. James T. Vaughn Correctional Center

Inmate Identification Number (Required): 460832

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes      ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input type="radio"/> Yes	<input checked="" type="radio"/> No
f. Any other sources	<input checked="" type="radio"/> Yes	<input type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

State Income Taxes \$6400

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

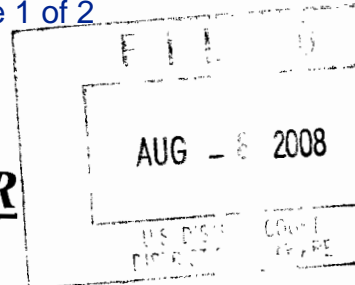
N/A

I declare under penalty of perjury that the above information is true and correct.

7/25/08  
DATE

Jeffrey M. Rainey Sr.  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

TO: Jeffrey Rainier SBI#: 460832  
 FROM: Stacy Shane, Support Services Secretary  
 RE: 6 Months Account Statement  
 DATE: 7/23/08

Attached are copies of your inmate account statement for the months of  
January 1, 2008 to June 30, 2008.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>JAN</u>	_____
<u>Feb</u>	_____
<u>Mar</u>	_____
<u>Apr</u>	<u>1.09</u>
<u>May</u>	<u>4.68</u>
<u>Jun</u>	<u>34.94</u>

Average daily balances/6 months: \$14.35

Attachments

CC: File

Mercedes Vallin  
7/23/08

Sharon L. Hart  
7/23/08

Date Printed: 7/22/2008

# Individual Statement From April 2008 to June 2008

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Ending Month Balance:
00460832	RAINIER	JEFFREY	M		\$0.00	\$89.17
Current Location: 17		Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Commitments	4/7/2008	\$0.00	\$0.00	\$0.00	\$0.00	582488			
Misc	4/10/2008	\$1.47	\$0.00	\$0.00	\$1.47	584853		HR YCI CK#052476	
Canteen	4/15/2008	(\$1.23)	\$0.00	\$0.00	\$0.24	585610			
Mail	4/30/2008	\$15.00	\$0.00	\$0.00	\$15.24	594578	08869783276		S ROLPH
Supplies-MailPosta	5/5/2008	\$0.00	\$0.00	(\$6.84)	\$15.24	596877		4/4/08	
Supplies-MailPosta	5/7/2008	(\$6.84)	\$0.00	\$0.00	\$8.40	599752			
Canteen	5/13/2008	(\$8.23)	\$0.00	\$0.00	\$0.17	601705			
Mail	6/19/2008	\$64.00	\$0.00	\$0.00	\$64.17	620470	0560819025		S ROLPH
Mail	6/20/2008	\$25.00	\$0.00	\$0.00	\$89.17	620772	08944415380		D RAINIER
Ending Month Balance:					\$89.17				

Total Amount Currently on Medical Hold: \$0.00  
 Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: \$0.00